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					10.23	2007			(Date)	
APPLICATION NO.	FILING DATE		F	TRST NAMED INVENTOR		ATTORNE	Y DOCKET NO.	CONFIRMATION NO.		
10/530,803	04/08/2005			Jan Klindworth		KLI	2-PT001		9335	-
TITLE OF INVENTION: I	DISPLACING DEVICE	3								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE		PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TO	TAL FEE(S) DUE		DATE DUE]
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Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attacks. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.		ner	(2) the name of a single firm (having as a member a registered atturney or agent) and the names of up to to the size of the size of up to							
3 ASSIGNEE NAME AND	D RESIDENCE DATA	TO BE PRINTED	ON T	HE PATENT (print or tyr	e)					-
3. A SSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFT 8.11. Completion of this form is NOT a substitute for filing an assignment.								r		
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
r rease cneck the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity								t		
4a. The following fee(s) are	submitted:		4b.	Payment of Fee(s): (Plea	se first reapply an	y previous	ly paid issue fee	shown:	ibove)	
Issue Fee				A check is enclosed.						
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Advance Order - # o	f Copies			The Director is hereby overpayment, to Depo-	authorized to charg sit Account Numbe	ge the requi	red tee(s), any de (enclose a	n extra	opy of this form).	
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Authorized Signature	_#-				Date	10.23	2007			
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